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WORLD RESEARCH IN ALCOHOLISM

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for the professional staffs of Illinois State Hospitals

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DEPARTMENT OF PUBLIC WELFARE

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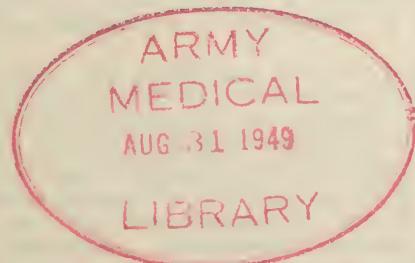
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WORLD RESEARCH IN ALCOHOLISM
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330. BARNES, T. C.; BEUTNER, K. R.: BEUTNER, R. (pharmacol., Hahnemann Med. Coll. & Hosp., Philadelphia, Pa.; and Keeley Inst., Dwight, Ill.): Serum esterase levels in alcoholic patients. Abstr. in Amer. J. med. Sc. 218: 117-18, 1949. (Presented before Physiological Soc. of Philadelphia 5/17/49)

"The hangover state of chronic alcoholism and delirium tremens may be caused by a disturbance in acetylcholine metabolism. The hepatic damage from alcohol may cause a depletion of cholinesterase, hence an excessive concentration of acetylcholine which, through its effects on the cerebral cortex might well be responsible for the disturbance of cerebral function in this ailment (as shown by abnormal fast and slow waves in EEG. Barnes: Confinia Neur. 8: 73, 1948) ... Forty-six alcoholic patients with mild or no hangover had an esterase time value of 210 to 450 (mean 334 ± 7 seconds). Forty-seven alcoholic patients with average or severe hangover symptoms, including 2 patients with delirium tremens, had an esterase time of 180 to 1,146 seconds (average 401 ± 14 seconds). The incidence of high esterase value (from low esterase content) was much higher in the severe alcoholics, there being no time values over 480 seconds (8 minutes) in the group of 47 patients with mild or no hangover, but 10 cases in the group of 48 patients with severe or average hangover, an incidence of 21%. It appears that the withdrawal (hangover) symptoms of chronic alcoholism are caused by a poisoning with endogenous acetylcholine which accumulates because of an abnormally low esterase present in the blood serum (and probably also true esterase). ... Of the numerous empirical treatments tried for alcohol poisoning and addiction, it would seem that those are most rational which build up the depleted cholinesterase. Liver extract or folic acid seems most suitable since, according to J. E. Davis (Fed. Proc. 8: 285, 1949), they produce cholinesterase in vivo, as well as in vitro from powdered liver. We found that administration of liver extract to alcoholics produces immediate recovery, working faster than the customary B_1 , or other vitamins."

331. BRIEGER, H. (indus. med., Jefferson Med. Coll., Philadelphia, Pa.): Toxicity of tetraethylthiuram disulphide. (Abstract of paper presented before American Drug Mfrs. Assn., Research and Development Sect., New York, 7/24/49)

"'Antabuse' is tetraethylthiuram disulphide. Three brands examined (Ayerst, McKenna & Harrison; Sharples Technical; Sharples Refined) are chemically almost identical. The A. McK. & H. product, however, shows fine, non-crystalline particles in addition to larger agglomerations. The LD 50 of the A. McK. and H. product is approximately 2.0 gm./kg., that of Sharples Technical 2.5 gm./kg. (rats, oral). Repeated feeding of very high doses (0.5 to 2.0 gm./kg.) led to parenchymatosus degeneration of liver and kidney and severe depression of blood-forming tissue; also nervous disturbances were observed. Small doses of the Danish product 'Antabuse' (1 mg. daily to rats) did not produce any toxic symptoms. 0.5 to 0.75 gm. of 'Antabuse,' given daily over six months and longer to man, has not led to untoward by-effects. However, one case of death following a single dose of 'Antabuse' and alcohol has been reported. Indiscriminate use has resulted in severe poisoning. Therapeutic use of tetraethylthiuram disulphide is based on the experience that the compound influences the effect of alcohol on man, leading to a condition resembling angio-neurotic edema, to increase of the pulse rate, low blood pressure, dizziness, nausea and vomiting. Alcohol will produce these symptoms three hours after the drug has been taken; the full effect will be reached six to twelve hours after administration of the drug. It seems that an excess of acetaldehyde in the blood causes the disorder according to examination of the exhaled air, rather than to determination of acetaldehyde in the blood. Only alcoholics without disorders of liver, kidney, cardiovascular system and blood-forming tissue should be treated with the drug, and careful psychiatric selection is necessary. Hepatic and renal function tests and blood examinations should be made at regular intervals. Patients should remain under care of the psychiatrist for duration of treatment, and their social adjustment should be undertaken during the treatment."

332. GREENMAN, L; TIPPING, J. S.; AND ROSENBAUM, J. D. (med., U. of Pittsburgh Schl. Med.; Cushing VA Hosp., Pittsburgh, Pa.; and Framingham, Mass.): Influence of alcohol on the intravenous galactose tolerance test. Amer. J. med. Sci. 217: 644-50, 1949. 44 ref., 4 tables.

"Ethyl alcohol in small doses temporarily reduced the galactose tolerance of healthy adults, but did not influence the already abnormal tolerance tests of 2 patients with cirrhosis of the liver. Although the abnormal tests following alcohol ingestion were almost certainly due to impairment of the ability of the liver to remove galactose from the blood stream, there was no concomitant impairment of bromsulfalein excretion or of levulose and glucose tolerance. Significance of these findings is discussed."

333. HIRSH, J. (div. of med. sciences, National Research Council, 2101 Constitution Ave., Washington 25, D.C.): Enlightened eighteenth century views of the alcohol problem. J. Hist. Med. 4: 230-6, 1949.

"The past four years have seen the creation of a new literature on alcohol. Technical and popular works, fiction and non-fiction books and periodicals have urged public and professional groups to the new scientific consideration of the alcohol problem whose recurrent theme is that the problem drinker is a sick person in need of medical care; he can be helped and is worth helping. As with the earlier mental hygiene and venereal disease control movements, physicians and laymen have been slow and reluctant to accept the accruing scientific evidence ... they are only now beginning to accept the new approach to this age-old problem. But this approach is not as new as we have been led to believe. It was propounded in two separate documents, independently written within seven years of one and other, 170 years ago. One a doctor's dissertation, De ebrietate, ejusque effectibus in corpus humanum, submitted to the University of Edinburgh in 1788 and later expanded and republished in book form as Essay, medical, philosophical and chemical, on drunkenness, was written by Thomas Trotter (1760-1832). The other, An inquiry into the effects of ardent spirits upon the human body, was published in 1785 by Dr. Benjamin Rush. Both of these are the bedrock upon which the modern concepts of the problem drinker are built. ... With painful slowness, physicians and

public health authorities in particular and the public in general are beginning to recognize the medical wisdom propounded by Trotter and Rush. Outdated though some of their observations are, many leaves from their books can serve us well today in the confusion and controversy surrounding the problem drinker."

334. KARPMAN, B. (psychiat., St. Elizabeth's Hosp., Washington, D.C.): *The Alcoholic Woman*. Washington, D.C.; Linacre Press.

"The author publishes also voluminous and detailed records of criminal lives, designed, as he alleges, as a 'reference source for research.' The present volume is obviously directed toward a more popular audience. Within it practically all of the more popularly esteemed forms of disorderly conduct are condensed into the miserable lives of three distressed women habitually out of control. Whether the adjective 'alcoholic' properly names the form of aberrancy here represented may be doubted. The main intent of the professional amanuensis appears to be to translate the three cases into stock terms of a familiar psychoanalysis of sex. Both before and after translation the accounts remain sorry exhibitions of an ineffectual and bewildered search for satisfaction by distressed and hopelessly disordered adults." — A. Salina Damm, Salt Lake City, in Amer. J. Psychol.

"This volume consists of three case histories of promiscuous alcoholic women. The author states concerning their sexual promiscuity: 'Frances easily holds the record, with admitted relations with more than 300 men.' (p. 228) Since the author himself points out that alcoholic women may, unlike his three cases, be 'very chaste and entirely faithful to their spouses,' one is curious as to the reason for devoting two-thirds of this book to detailed descriptions of the sexual exploits and dream lives of the three cases. The connections between the incidents described and the alcoholism of the patients is not convincingly set forth; indeed, the author himself seems to be somewhat puzzled about this matter (p. 232). Only about 25 pages are utilized to account for the personal and family histories and other features of the social backgrounds of the three women. The author regards alcoholism of the nonpsychotic type as the manifestation of a neurosis. The neurosis underlying alcoholism is conceived as being in no essential way different from other neuroses. It is based upon tension and depression. ... The author makes the general statement that 'the alcoholic has missed nothing. There is universally a full-fledged Oedipus situation with all its ramifications into aberrant sexual channels: masturbation, perversions — open or halfhearted, as well as incestuous and homosexual components' (pp. vii-viii). This assertion is not reconciled with the author's statement a few pages later that some alcoholic women are 'entirely chaste.' No proof of the author's hypothesis concerning the nature of alcoholism is presented, though no doubt the cases will seem to confirm it for those who are convinced in advance of the truth of the psychoanalytic theory." — Alfred R. Lindesmith, Indiana U., in Amer. J. Sociol.

335. KIELHOLZ, A. (L'asile de Konigsfelden, Argovie, Switzerland): *Zur Frage der Hypnotherapie bei Alkoholkranken; Bemerkungen zum Aufsatz von Ad. Liechti*. (The question of hypnotherapy in alcoholic patients; observations on the article by Ad. Liechti.) Gesundh. u. Wohlf., Zurich. 28: 200-2, 1948.

"In the main the author endorses Dr. Liechti's positive position on hypnotherapy of alcoholics with the following suggestions: (1) that only such drinkers should be considered for hypnotic treatment who show a certain insight and who agree to this therapy; (2) that the concerned patient be examined psychiatrically beforehand to exclude with certainty latent schizophrenia and other psychoses; (3) that the hypnotic treatment should principally serve for supporting the patient in the beginning of his conversion to alcohol abstinence and to the entrance into an abstinence society where he is exposed then to the mass-suggestion of his society-brothers and of an alcohol-free milieu. It is thought, however, that weaknesses in the report by Dr. Liechti were: the small number of his patients (8 when 2 were excluded as not hypnotizable); the very few hypnotic sessions (averaging 3); the short time since treatment (Feb. 1947)." — F. C. Sumner in Psychol. Abstr.

336. KLATSKIN, G.; and YESNER, R. (int. med., Yale U. Schl. Med., New Haven, Conn; and pathol., VA Hosp., Newington, Conn.): Factors in treatment of Laennec's cirrhosis. I. Clinical and histological changes observed during a control period of bed-rest, alcohol withdrawal, and a minimal basic diet. J. clin. Invest. 28: 723-35, 1949. 43 ref., 5 fig., 3 tables.

"... The position of alcohol in the pathogenesis of Laennec's cirrhosis is still uncertain. Alcoholism is now generally regarded as an important factor conditioning malnutrition, but is not thought to have any more direct effect on the liver. While there is no good evidence that alcohol acts directly as an hepatotoxin, several experiments suggest that it can play a role in the production of cirrhosis independent of its effects on food intake. ... Of the 14 subjects studied, 'alcoholism' was included in clinical status on admission to hospital in the cases of 13. ... If the choline requirement of the liver is related to the caloric intake, alcoholism may play a dual role in creating a choline deficiency — by raising the caloric intake without a concomitant increase in protein, and by reducing the food intake. Conclusions: Significant clinical, functional, and histological improvement has been observed in patients with Laennec's cirrhosis under controlled conditions of bed-rest, alcohol withdrawal and a minimal basic diet. The effects of such a control period must be taken into account in evaluating the specific effects of dietary supplements on the liver. The results do not warrant any conclusions regarding the relative importance of bed-rest, alcohol withdrawal and diet in producing the effects observed during the control period."

337. LECOQ, R. (laborat., Hôpital Saint-Germain-en-Laye, France): *L'agression alcoolique dans la production de l'hypertension artérielle*. (Alcoholic aggression in the production of arterial hypertension.) C. R. Soc. Biol. 142: 891-2, 1948. 6 ref.

"According to Selye, arterial hypertension is above all a 'malady of adaptation,' any aggression — cold,

exhaustion, shock - precipitates the syndrome, and the organism's defense induces a catabolic push. Then the kidney shows a retention of hypertensive toxic substances or sclerotic lesions. The immoderate intake of alcohol may be considered as an aggressive phenomenon mentioned by Selye, and the metabolic disturbances engendered by the intermediate disintegration products of alcohol may favor the appearance of an hypertensive syndrome. In support of this hypothesis, the author studied alcoholic patients with hypertension, and observed that the metabolic disturbances and the effects of aggression progressively diminished and often disappeared by treatment with intravenous injection of degressive doses of alcohol together with liver extract and glucose. Hypertension, in some alcoholics, may have a cause different from alcoholism and may be resistant to detoxication treatment. Then rapid results may be obtained with injections of vitamin A in aqueous solutions (exerting an inhibiting action on adrenalin and cholesterol), such injections being suitable besides to all types of permanent arterial hypertension."

338. LECOQ, R.: *Modification des perturbations humorales et des chronaxies nerveuses sous l'effect de la cure de désintoxication alcoolique.* (Modification of humoral disturbances and nerve chronaxies under alcohol detoxication treatment.) *C. R. Soc. Biol.* 142: 893-5, 1948. 8 ref., 1 table.

"The author studied the effect of intravenous alcohol in the glucose hepatic extract in 30 patients suffering from chronic alcoholism, presenting a state of acidosis with a definite fall in alkaline reserve and excessive cholesterol-urea ratio. A systematic study of the chronaxies of the median and radial nerve was made, revealing neuromuscular disturbances with great variations from one patient to another, and implicating complex processes analogous to those intervening in the development of different types of acidotic rickets. Under detoxication treatment there is a return toward the normal for chronaxic figures and levels of urea, cholesterol and alkaline reserve. But the rectification of the various anomalies will not entirely return the patient to normal state. He remains vulnerable, and prolonged abstinence of alcoholic beverages is necessary. That is rendered possible by suppression of the 'need' following the treatment."

339. ____: *Intoxication et désintoxication alcooliques.* (Alcoholic intoxication and detoxication.) *J. Physiol.*, Paris 40: 233A-236A, 1948. 24 ref.

"The toxic action of alcohol and the detoxication treatment by means of intravenously administered alcohol are reviewed. The treatment is without effect in patients, labeled 'alcoholic dipsomaniacs,' who are psychopaths and who drink because of an irresistible impulse. Even 'chronic alcoholics,' though cured, may resume drinking through sheer weakness of character." — *Quart. J. Stud. Alc.*

340. ____: *Nouvelle méthode de désintoxication alcoolique.* (A new method of alcoholic detoxication.) Presented before 28th Congress of Hygiene, Paris, 10/25/48.

"It is impossible to speak of alcoholic detoxication if the problem is not considered on the biological plane, and the cure is not durable if mental problems of the alcoholic are not resolved. Daily doses of alcohol smaller than 1 gr./kg. of body weight can be utilized when they are absorbed during the meal. At other than meal time, any ingestion of alcoholic beverage, repeated daily, is toxic. Doses of alcohol greater than 1 gr./kg. of body weight taken during the meal are also toxic. This exaggerated absorption of alcohol leads to various manifestations of chronic alcoholism, successfully treated by intravenous injections of alcohol (curéthyl). Since, as psychiatrists say, alcoholism is in most cases the expression of an abnormal or subnormal mental state, it is very important to study the alcoholic personality and to seek the true reasons for his addiction. After rapid improvement obtained by intravenous ethylotherapy, the way is opened to various psychiatric therapies - electroshock, all forms of psychotherapy, even psychoanalysis in neurotic states, administration of exciting (benzedrine) or sedative substances (opiace compounds, etc.), insulin-therapy, malarial therapy, antisyphilitic treatment, and sometimes neuro-surgical indications which help to resolve fundamental problems of alcoholism."

341. ____ , CHAUCHARD, P., and MAZOUÉ, H.: *Prévention et guérison des troubles neuro-musculaires de l'alcoolisme expérimental.* (Prevention and cure of neuromuscular disturbances of experimental alcoholism.) *Therapie* 1: 229-46, 1946. 16 ref., 6 tables.

"Alcohol at low levels acts as an excitant to the central nervous system. At high levels a depressive phase follows excitation. Daily ingestions or injections lead to chronic alcoholism, showing an acidotic picture and concluded by polyneuritic disturbances. Vitamins B₁, B₂, B₃, B₄, administered singly, are without action. The combination of B₃ and B₄ (niacin and adenine, constituents of the coenzyme metabolizing alcohol in the body) prevents or cures nervous or muscular disturbances revealed by chronaximetric methods. But that influence is not immediately exerted; it is there only when the body has realized co-enzyme synthesis. On the contrary, the ammoniac action in per os solution, is instantaneous and maintained in chronic alcoholism. But ammoniac is a caustic compound and among its salts the only very pure carbonate is truly effective and without inconvenience. The curative action of the intravenous injections of a glucosized and hepatized solution of alcohol, clinically used, seems well established and allows durable results by simultaneous detoxication action. The chronaximetric method ... appears to be a valuable test for chronic alcoholism study and treatment."

342. LEMERE, F.; and O'HOLLAREN, P. (Shadel Sanit., Seattle, Wash.): *Treatment of chronic alcoholism by intravenous barbiturates.* *Northwest Med.* 48: 482-4, 1949.

"During the past 14 years over 5,000 patients have been treated at Shadel by the conditioned reflex method of producing aversion to alcoholic beverages by means of emetine. A follow-up on 2323 patients treated

over a period of ten years showed 48% still abstinent and 52% relapsed since their treatment by conditioning. In an effort to find a better therapy for those who relapsed, we realized we would have to treat more adequately the underlying neurosis. About half of our patients have primary alcoholism - their drinking is their main problem, and they are able to make an adequate adjustment to life as long as they stay sober. The remaining half of our patients have secondary alcoholism - their drinking is secondary to a neurosis. The conditioned reflex treatment is especially applicable to the primary alcoholic, and less effective in the secondary alcoholic. ... We have gradually developed the intravenous barbiturate treatment as a major part of our therapy of secondary alcoholism. Conclusions: Pentothal or sodium amytal given intravenously is valuable in treatment of alcoholism associated with nervous tension. It is best combined with conditioned reflex treatment and brief psychotherapy. During the past three years we have treated 503 patients with pentothal alone or in combination with conditioned reflex therapy. A follow-up on 479 of these patients shows 57% still abstinent and 43% relapsed after treatment. Pentothal has a beneficial pharmacologic effect over and above its psychologic action in relieving nervous tension of alcoholic patients. Pentothal seems to be even more helpful in the alcoholic than in the nonalcoholic neuroses."

343. LIECHTI, A. (Zurich, Switzerland): Bemerkungen zur Hypnotherapie bei Alkoholkranken. (Observations on hypnotherapy in alcoholic patients.) Gesundh. u. Wohlf., Zurich. 28: 183-99, 1948.

"In opposition to the completely negative attitude of Rusterholz, the author favors hypnotherapy at least as a supplement to modern methods of treating alcoholics. From examination of the negative position of Bleuler and the positive position of Forel, et al, and from his own experiences with hypnotherapy of alcoholics (10 cases), the author sees prerequisite to success with this kind of therapy: (1) a selection of the patients and of the hypnotist; (2) a distinction between two kinds of hypnotherapy: the primitive (symptom-combatting with short-lived effects) and the psychocathartic, which seeks to bring about in hypnosis not only a clarification of the psychogenesis but also an unloading of the dammed up excitement through abreaction; (3) unconditional avoidance of morbid or fear-exciting images and dreams. Hypnotherapy is not only as effective as psychoanalysis but as a brief therapy is less expensive." — F. C. Sumner in Psychol. Abstr.

344. MOON, H. D. (pathol., VA Hosp., San Francisco, Calif.): Pathology of acute carbon tetrachloride toxicity. (Presented at annual meeting, American Assn. of Pathologists and Bacteriologists, Boston, Mass.) Abstr. in Amer. J. Path. 25: 788-9, 1949.

"Study based on 12 fatal cases of acute carbon tetrachloride poisoning resulting from inhalation or ingestion. In 11 of the 12 cases there was associated acute or chronic alcoholism. The duration between poisoning and death varied from 4 to 18 days, thus affording an opportunity to study the morphologic changes in the liver and kidney at various intervals following poisoning. The hepatic lesions were characterized by early severe central necrosis of the lobules followed by an inflammatory reaction and regeneration which occurred almost simultaneously. The renal lesions in patients dying within a few days of poisoning were relatively slight and the pathologic changes were those of moderate cloudy swelling. In the later stages tubular degeneration was profound and resembled the picture seen in the kidney of the 'crush syndrome.' Pulmonary edema occurred clinically as a late manifestation and was present in nearly all cases at autopsy. A diagnostic triad of central lobular necrosis of the liver, renal tubular degeneration, and pulmonary edema was consistently present in this series of patients." Discussion: Dr. Alfred Angrist, Jamaica, N.Y.: "...In the two instances I have seen, chronic alcoholics who did not stop taking alcohol succumbed more rapidly to exposure to carbon tetrachloride than did normal individuals without a history of alcoholism. ... The point if of importance because any patient who has a history of alcoholism should not be exposed to this hazard. A peculiar feature about alcoholism and carbon tetrachloride poisoning is that alcoholics tend to select this type of trade because they find they can get a cheap 'drunk with very little liquor.' Dr. Moon: "I have looked at a great many kidneys specifically with that in mind, and there is cloudy swelling of the proximal convoluted tubules in the kidneys of both acute and chronic alcoholics. There are also, in some cases, binucleated epithelial cells and mitotic figures in the proximal convoluted tubules."

345. MYHRE, J., and NESBITT, S. (int. med., U. of Minn. Sch. Med., Minneapolis: and Veterans Hospital): Alcohol and pancreatitis: serum amylase determinations in normal individuals following ingestion of alcohol. J. Lab. Clin. med. 34: 844-5, 1949. 4 ref., 1 table.

"Some investigators have noted an increase and others a decrease in the values of the serum amylase in patients suffering from alcoholism. A controlled experiment is described utilizing as subjects 14 healthy men subsisting on well-balanced diets. No significant alterations of the values of the serum amylase were noted during or after the ingestion of alcohol. It would appear that alcohol per se, at least in the quantities consumed in the present study, does not affect the level of the serum amylase in the normal individual. It may be that alcohol ingested in the amounts of this controlled experiment are not sufficiently great to affect the serum amylase values or that some other complicating factor present in chronic alcoholic subjects studied by other workers accounted for abnormal values in those instances."

346. NEWMAN, H. W. (med., Stanford U. Sch. of Med., San Francisco, Calif.): Maximal consumption of ethyl alcohol. Science 109: 594-5, 1949. 7 ref.

"... the maximum daily consumption of alcohol by a man of average weight is represented by a quart of 100 proof liquor. ... estimates greater than this are in error. ... this consumption may only be achieved by maintaining the blood alcohol concentration at a high level."

347. NORRIS, J. L. (med., Eastman Kodak Co., Rochester, N. Y.): Cost and remedy of the alcoholic hangover in industry. Indus. Med. 17: 129-32, 1948.

"The cost of the alcoholic hangover in industry is described in terms of loss of the skill and training of a man or woman, in terms of sick allowances, absenteeism, tardiness. The author describes the Knickerbocker Hospital (New York City) plan of treating alcoholics which involves cooperation with Alcoholics Anonymous in the last stages of the cure. It is thought that the application of the Knickerbocker plan in industry might clear up considerably the problem of alcoholism there." — F. C. Sumner in Psychol. Abstr.

348. STRASSER, C. (Zurich, Switzerland): Hypnotisch-suggestive behandlung Alkoholkranker? (Hypnotic-suggestive treatment of alcoholics?) Gesundh. u. Wohlf., Zurich. 28: 374-80, 1948.

"Hypnotic-suggestive treatment of alcoholics is sharply criticized as artificially and magically building into the patient a superstition against alcohol and as such only effective in the easily credulous. The author is convinced after trials of hypnotic and hypno-cathartic methods that genuine psychotherapy of alcoholics requires time, and exercise with the patient, in order to offer him a hold and security." — F. C. Sumner in Psychol. Abstr.

349. TUOVINEN, P. I. (U. of Helsinki, Finland): The blood alcohol from the surgeon's point of view. Ann. Chir. Gynecol. Fenn. 37 (1): 1-9, 1948.

"The author distinguishes four different degrees of alcohol intoxication on the basis of the strength of intoxication, and three phases corresponding to different periods after ingestion of alcohol. The blood alcohol shows the clinical course of the intoxication both as regards degree and phase; this facilitates estimation of the time and, to some extent, of the mechanism of the trauma. The rising blood alcohol curve coincides with the beginning phase of intoxication, when trauma is likely to occur. The blood alcohol shows the causal connection between accident and intoxication in such cases where slight intoxication is not recognized clinically." — Sawiamo in Biol. Abstr.

350. WILLIAMS, R. J.; BERRY, L. J.; and BEERSTECHER, Jr., E. (biochem., U. of Texas, Galveston): Individual metabolic patterns, alcoholism, genetotrophic diseases. Proc. Nat. Acad. Sci. 35: 265-71, 1949.

"Recent developments in biochemical genetics lead to the concept of genetotrophic diseases, those in which the genetic background of an individual leads to elevated nutritional requirements which in turn precipitate a deficiency syndrome. On the basis of experiments with rats and mice it is proposed that alcoholism is such a disease. Individual rats and mice on stock and marginal synthetic diets show individual drinking responses when given a choice of water or 10% alcohol. These drinking habits resemble those seen in humans. Highly inbred strains of mice show less variability than do other strains. Alcohol consumption varies from strain to strain, and is higher on diets that are less adequate nutritionally. Addition of high levels of vitamins to the diets of alcoholic rats reduces the alcohol consumption to practically zero, but it is apparent that various nutritional factors are effective in this regard for different animals. Strain differences are also apparent in the therapeutic results with rats. Forced consumption of 10% alcohol does not cause habituation in rats. It is proposed that alcoholism is caused by a nutritional deficiency resulting from genetically high requirements, that other factors may have a precipitating effect on the disease, and that a nutritional vicious cycle results. Other diseases of obscure etiology, such as arthritis, multiple sclerosis, allergy, mental disease, cardiovascular disease, cancer, and drug addiction may have a genetotrophic origin." — E. Beerstecher, Jr.

NEWS NOTES

351. ALABAMA:

Bill S 86 proposes establishment of institution for treatment and rehabilitation of alcoholics.

352. CALIFORNIA:

H. Res. 292, adopted 7/1/49 provides for creation of interim committee to study, among other things, feasibility of establishing and maintaining institutions for treatment, custody, and care of alcoholics and chronic inebriates.

353. CONNECTICUT:

"Connecticut's facilities for care and study of alcoholics were recently expanded with opening of a state-supported outpatient clinic in New Haven and reorganization of the Yale Plan Clinic. Along with transfer of headquarters and establishment of the new clinic by Connecticut Commission on Alcoholism at 412 Orange St., the Yale Plan Clinic has moved from 432 Temple St. to Yale Lab. of Applied Physiology. Since 1944 the Yale clinic has provided services for treatment of alcohol addiction for persons in all sections of the country. While the reorganization program calls for continuation of these services, they will be limited, and fees will now be charged in accordance with the economic status of the patient. The clinic will continue to function as a consultant to industry and community agencies on problems of alcoholism, and will conduct research to correlate clinical experience and the work of Yale Lab. of App. Physiol. Mr. Raymond G. McCarthy, Exec. Dir. of the clinic, explains that Yale clinic need no longer operate as a community service facility since the Connecticut Commission on Alcoholism is operating a local clinic.

The new state outpatient clinic is organized to render services to alcoholic addicts in New Haven County without charge. Dr. Giorgio Lolli, Assoc. Prof. of Applied Physiology at Yale and medical director of the University clinic, will direct the treatment program of the commission's local clinic. Similar clinics have been established in Bridgeport, Hartford, Stamford, State Veterans Hospital at Rocky Hill, and State Farm for Women at Niantic." — J. Amer. med. Ass.

354. WASHINGTON, D. C.:

Veterans Administration, John H. Baird, M. D., Chief, Program Analysis and Planning Section, Psychiatry and Neurology Division, reports the following VA research projects on specific alcoholic patient groups:

	Problem
VA Hospital, Roanoke, Va., Margaret Elliott, Psychol. (completed 1947)	Research on alcoholics
VA Hospital, Bronx, N. Y., Joseph Levi	Psychological study of alcoholic patients
VA Hospital, Topeka, Kans., Henry H. Sadler, Jr., M.D.	Problems of rehabilitation of alcoholics.

355. FLORIDA:

Bill H 187, approved 6/13/49, authorizes Board of Commissioners of State Institutions to acquire a site for a hospital for treatment of chronic alcoholics.

356. ILLINOIS:

Statistics on patients in Illinois mental hospitals, June 30, 1948. Prepared by Mabel Clarida, supervisor research and statistics, Dept. of Public Welfare, Springfield, Ill.

Average Age (on Admission) of Patients in Illinois Hospitals for the Mentally Ill, June 30, 1948

Age in Years	All Psychoses			Alcoholics		
	Male	Female	Total	Male	Female	Total
Under 15	19	14	33	-	-	-
15-19	390	210	600	4	-	4
20-24	1,243	798	2,041	5	8	13
25-29	1,679	1,443	3,122	12	9	21
30-34	1,989	1,864	3,853	43	10	53
35-39	2,007	2,059	4,066	89	31	120
40-44	1,816	1,888	3,704	138	33	171
45-49	1,526	1,718	3,244	138	43	181
50-54	1,435	1,501	2,936	161	42	203
55-59	1,283	1,215	2,498	159	31	190
60-64	1,123	962	2,085	112	10	122
65-69	901	810	1,711	67	13	80
70-74	823	730	1,553	25	6	31
75-79	472	530	1,002	12	3	15
80-84	303	384	687	5	-	5
85 and over	113	206	319	2	-	2
Unknown	46	36	82	-	-	-
Total	17,168	16,368	33,536	972	239	1,211
Average Age	45.16	46.54	45.84	51.05	47.69	50.39
Standard Deviation	16.6	16.4	16.5	11.3	12.4	11.5

Percentage of Alcoholic Patients in Illinois Hospitals for the Mentally Ill, at Five-year Intervals (1925-1948)

Fiscal Year	All Mental Disorders			Alcoholic			Per Cent of Alcoholics		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1925	10,853	9,115	19,968	505	72	577	4.7	.8	2.9
1930	12,094	10,561	22,655	689	107	796	5.2	.9	3.2
1935	14,102	12,470	26,572	*	*	893	*	*	3.3
1940	16,951	15,086	32,037	1,224	235	1,459	7.2	1.6	4.5
1948	17,152	16,915	34,067	972	239	1,211	5.7	1.4	3.6

*Not available by sex.